

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <u>9 9 - 6 (HA)</u>	2. STATE: New Jersey
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 1990	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN      ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN      ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: section 1931 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>1990</u> \$ <u>20.2 million</u> b. FFY <u>2000</u> \$ <u>16.2 million</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Supplement 12 Page 33, 3a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same pages <u>2, 3 &amp; 3a</u>

10. SUBJECT OF AMENDMENT:

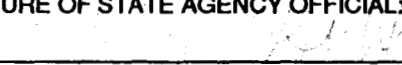
Disregard of 12 months income

11. GOVERNOR'S REVIEW (Check One):

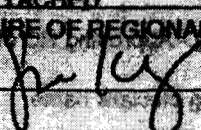
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Exempt pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  Division of Medical Assistance and Health Servi P.O. Box 712 Trenton, N.J. 08625-0712
13. TYPED NAME: Michele K. Guhl	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 1/4/90	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JAN 31 1990	18. DATE APPROVED: OCT 28 1989
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 1990	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME:	22. TITLE:

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**New Jersey**  
**ELIGIBILITY UNDER SECTION 1931 OF THE ACT**

\_\_\_\_\_ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

**X** The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. The first \$1,000 of all countable resources is exempt in the eligibility determination. The remaining resources are compared to the resource standard in effect as of July 16, 1996.

2. The equity value of one motor vehicle is exempt up to \$9,500

3. For families who were receiving AFDC-related Medicaid on or after January 1, 1998, the earned income from wages, or the income from receipt of unemployment compensation or temporary disability insurance is disregarded for the 12 months following receipt of this income if the receipt of this income or the loss of other earned income disregards would have caused the family to lose eligibility using the AFDC Income Standard.

The Income and/or resource methodologies that the less restrictive methodologies replace are as follows:

1. In effect as of July 16, 1996, there was no disregard of countable resources.

2. The equity value of a motor vehicle was exempt up to \$1,500.

3. In effect as of July 16, 1996, there was no disregard of earned income or income from unemployment compensation or temporary disability if the family had already received any other time-limited disregards and the receipt of such income caused the family to otherwise lose AFDC-related eligibility.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
New Jersey  
ELIGIBILITY UNDER SECTION 1931 OF THE ACT**

- \_\_\_\_\_ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
- \_\_\_\_\_ The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.